

Prisca 5.1.0.17
Date of report: 11/04/25

N A

Patient data			
Name Mrs. ANITA SACHIN GOLE TWIN A		Patient ID 0722504090001	
Birthday 05/09/98		Sample ID A1911208	
Age at sample date 26.6		Sample Date 09/04/25	
Gestational age 11 + 5			
Correction factors			
Fetuses 2	IVF no	Previous trisomy 21 pregnancies unknown	
Weight 38	diabetes no		
Smoker no	Origin Asian		
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age 11 + 5
PAPP-A	10.9 mIU/mL	1.25	Method CRL Robinson
fb-hCG	50.01 ng/mL	0.39	Scan date 09/04/25
Risks at sampling date			Crown rump length in mm 53
Age risk 1:857			Nuchal translucency MoM 0.78
Biochemical T21 risk <1:10000			Nasal bone present
Combined trisomy 21 risk <1:10000			Sonographer N A
Trisomy 13/18 + NT <1:10000			Qualifications in measuring NT MD
Risk			Trisomy 21
			The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk. After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. The free beta HCG level is low. The risk for this twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs. The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician. Please note that risk calculations are statistical approaches and have no diagnostic value! The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)). The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!
Trisomy 13/18 + NT			
The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.			

Sign of Physician

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N A

Patient data					
Name	Mrs. ANITA SACHIN GOLE TWIN B		Patient ID	0722504090001	
Birthday	05/09/98		Sample ID	A1911208	
Age at sample date	26.6		Sample Date	09/04/25	
Gestational age	12 + 0				
Correction factors					
Fetuses	2	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight	38	diabetes	no		
Smoker	no	Origin	Asian		
Biochemical data			Ultrasound data		
Parameter	Value	Corr. MoM	Gestational age	12 + 0	
PAPP-A	10.9 mIU/mL	1.10	Method	CRL Robinson	
fb-hCG	50.01 ng/mL	0.41	Scan date	09/04/25	
Risks at sampling date			Crown rump length in mm	56	
Age risk	1:866		Nuchal translucency MoM	0.74	
Biochemical T21 risk	<1:10000		Nasal bone	present	
Combined trisomy 21 risk	<1:10000		Sonographer	N A	
Trisomy 13/18 + NT	<1:10000		Qualifications in measuring NT	MD	
Risk			Trisomy 21		
			The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk. After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. The risk for this twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs. The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician. Please note that risk calculations are statistical approaches and have no diagnostic value! The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)). The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!		
Trisomy 13/18 + NT					
The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.					

Sign of Physician

below cut off
 Below Cut Off, but above Age Risk
 above cut off